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STATEMENT OF

RECEIVED

FORM 1	ORGANIZATION			2014 FEB 19 AH 11: 51
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	THE OLIVICAL
BIRAD ASINIFO	Rd FB R CO	wgeleisisi I I	11111	
ADDRESS (number and street) (Check if address is changed)	7.9.2.6. 56 V RL F. Y. CV R			
	CITY		STATE A	ZIP CODE A
COMMITTEE'S E-MAIL ADDRI	ESS			
(Check if address is changed)	BREAD DEST	ORDFORCO	U912165151	Obman.com
5 ,	Optional Second E-Mail Ad			
2. DATE 2 /	3 2014			
3. FEC IDENTIFICATION N	IUMBER ▶ <u>'</u>	Tanda silanina di Dengis e Asad		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined	this Statement and to the best	t of my knowledge and belief	it is true, correct a	and complete.
Type or Print Name of Treasur		FORD		
Signature of Treasurer	andshow		Date O.2	13 2014
NOTE: Submission of false, error	neous, or incomplete information ANY CHANGE IN INFORMAT			the penalties of 2 U.S.C. §437g.
Office Use Only		For further information Federal Election Comm Toll Free 800-424-9530 Local 202-694-1100	n contact:	FEC FORM 1 (Revised 06/2012)